

ened by an economy campaign through which its size is to be curtailed by cutting the number of original articles accepted for publication, and by the elimination of the highly interesting and important "Lure of Medical History." Through its historical section published monthly in CALIFORNIA AND WESTERN MEDICINE, the California Medical Association is performing a unique service in preserving its own cultural heritage and in stimulating the interest of its members in the historical background of the profession.

Certainly it would seem that if economy is necessary in publication, wiser ways could be found than to destroy the very features for which the California Medical Association publication is significant and important. Let's maintain the prestige of CALIFORNIA AND WESTERN MEDICINE.

Sincerely yours,

CHAUNCEY D. LEAKE.

Subject: Regarding a Court Decision Concerning Sulfanilimide.

(COPY)

CHAMBERS OF
THE SUPERIOR COURT
CLEMENT L. SHINN, Judge

Los Angeles, March 13, 1940.

To the Editor:—In your February, 1940, issue, on page 99, there was published part of the oral opinion of the court at the conclusion of the trial of a malpractice action arising out of death resulting from treatment with sulfanilamide. The publication was with my knowledge and consent, but upon reflection it has occurred to me that it might not be out of place to call to the attention of your readers the significance, or perhaps want of significance, of a decision of this sort by a trial court.

It should be kept in mind that the facts of each case are decided upon the evidence and the record. The court considers nothing outside of the record except those matters which are of common knowledge. Ordinarily the decision of a malpractice case is in accordance with the weight of the opinion evidence. It is conceivable, therefore, that as to a given treatment the weight of the evidence in one case might compel a finding of negligence, while in another case the same treatment would be held to have been properly administered. No decision of a question of fact depending upon the opinions of experts can be accepted as a precedent.

The element of time is important also. New discoveries in medical science establish new standards. Treatments administered in one year which met the requirements of good practice at that time might be far behind the accepted standards of a year later.

The decision above referred to should not be hastily accepted as a precedent, since it is a decision upon a question of fact and not one of law.

Very truly yours,

CLEMENT L. SHINN.

Subject: Medical Corps, U.S.A.

WAR DEPARTMENT
OFFICE OF THE SURGEON GENERAL

Washington, March 7, 1940.

To the Editor:—There has been an increase in the strength and in the activity of the United States Army, with a corresponding increase in the responsibilities of its medical components. To augment the medical services necessitated thereby, officers of the Medical Corps Reserve are being placed on duty throughout the medical organization of the Army.

The number of inquiries reaching this office would seem to indicate that more information on the subject would be appreciated by the medical profession. With a view to disseminating such information, a brief résumé of the situation is inclosed. If you would publish in substance the

accompanying item, you would be doing a favor for this office and for any interested physician.

JAMES E. BAYLIS, Colonel,
Medical Corps, Executive Officer.

✓ ✓ ✓

(COPY)

ARMY EXPERIENCE FOR PHYSICIANS

An interesting medical corollary to the augmentation of the United States Army during 1940 and 1941 and to the planned large scale Army maneuvers during the spring and summer of 1940 is the broad medico-military experience which a great number of civilian physicians will receive. Medical Reserve officers are being used to augment the entire Army Medical Service, which includes everything from small unit installations to large station hospitals, general hospitals, and hospitals designed primarily for the treatment of specific types of cases.

Physicians under 35 years of age who are desirous of obtaining extended active duty with the Army but who do not hold Reserve commissions are being offered appointments in the Medical Corps Reserve in the grade of First Lieutenant, in order to permit them to be placed on such duty. Captains and Lieutenants are at present being offered excellent assignments throughout the continental United States, and it is hoped that authority will be granted to actually permit some officers to go to Hawaii and Panama. In addition to having a new and very busy experience in the practice of medicine, the average officer finds the pay and allowances attractive. The pay and allowances for a married First Lieutenant amount to approximately \$263 a month; for a single First Lieutenant to approximately \$225 a month; for a married Captain to approximately \$316 a month; and for a single Captain to approximately \$278 a month. In most cases the above pay and allowances would apply inasmuch as Government quarters are not usually available for officers on extended active duty. In the few instances where Government quarters are available, the amounts would be \$40, \$60, \$60 and \$80 less per month respectively. In addition, the officer is reimbursed for mileage traveled from his home to his station, and upon completion of his tour of duty is reimbursed similarly for the travel to his home.

Application for one year of active duty, or for appointment in the Medical Corps Reserve with a view to obtaining one year of active duty with the Army, should be requested at once by a letter addressed to the Commanding General of the Corps Area* wherein the physician permanently resides. In addition, the application should contain concise information regarding permanent address, temporary address, number of dependents, earliest date available for active duty, and that internship has been (or will be) completed; and it should be accompanied by a report of physical examination recorded on the Army Form W. D. A. G. O. 63, which may be obtained from any Army station. From the group of Reserve officers placed on extended active duty since August, 1939, over 25 per cent of those within the age requirements of 32 years or less for commission in the Regular Army Medical Corps found military service sufficiently to their liking to cause them to take entrance examinations for the Regular Army.

Subject: National Anti-Syphilis Committee of the American Social Hygiene Association.

March 15, 1940.

To the Editor:—Nineteen hundred and thirty-nine was an important year for the National Anti-Syphilis Campaign.

* Ninth Corps Area (Washington, Oregon, Idaho, Montana, Wyoming, Utah, Nevada, California), Presidio of San Francisco, San Francisco, California.